



State of California
Respiratory Care Board
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Inquiry:

I work for a subacute unit in Alameda, CA. We were notified that the 12 hour night shift RCPs were being replaced by RNs. We were told we were to train the RNs to be Respiratory Therapists. I did not like the way that was phrased...more like adding new skills for the RNs. However, the RNs are still stating they are being trained to be RTs and some are signing their names with RN/RT when charting on the vents. The subacute is also advertising that there is a Respiratory Therapist on duty 24/7. Can these "RN/RTs" be counted? Are RNs allowed to use RT after their name as long as it is not RCP?

I am native Floridian that just relocated to California only to have my job axed by an RN. I am horrified to find that RCPs here in California are not stronger. In the hospitals, RCPs do not even draw blood gases. The RNs are allowed to change ventilators settings in the ICUs. In Florida, you must attend a college that is accredited for at least 2 years to become a Respiratory Therapist. RNs cannot challenge the boards or get a Florida State license. It also takes an RN 2 years to complete the classes. There are no short cuts or "on the job training" since 1985 in Florida.

I have a feeling my career in California will be very short.

Response:

The Board has reviewed your inquiry and has the following opinion on the matter:

Your inquiry is a major concern for consumers in California for patient safety and is in the process of being investigated to ensure patient safety is not compromised. The Board is seeing more and more that other licensed practitioners are taking on these responsibilities in which they have not had proper training and other situations in which the skills, health care facilities are asking licensed practitioners to perform, are outside of the practitioners' scope of practice. Both situations place the consumers at significant risk to harm or injury.

It is and has been the position of the Respiratory Care Board that the practice of respiratory care be performed by the licensed RCP. There are clinical studies that document the ineffectiveness of care performed by those untrained or unlicensed to perform respiratory care procedures. In fact, it is well documented that this type of care lends itself to higher incidents of ventilator associated pneumonias and less than acceptable outcomes for patients.

From a licensure perspective, the only way an RN or LVN could be trained to become an RCP is for them to attend and complete an accredited college or program for respiratory care. No other training class or in service education gives them that designation. Therefore, those nurses signing their names with the implied credential of RN/RT are probably in violation of the law for Business and Professions.

Reference #: 2004-C-31

This determination does not constitute a declaratory decision under the comprehensive provisions of the Government Code sections 11465.10 – 11465.70.